

09/839171

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>None</i>		<i>04-26-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>(M)</i>	<i>135</i>	<i>6/28</i>
RESPONSE FORMALITY REVIEW	<i>fs</i>	<i>1027</i>	<i>10/03/01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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Final Claim	Original Claim	Date	Final Claim	Original Claim	Date	Final Claim	Original Claim	Date
	151			201			251	
	152			202			252	
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